

**Important**  
Dated Information Enclosed

**2001 Chicago Area Combined Federal Campaign  
(CFC)  
Local Unaffiliated or Federation Member  
Application**

Local Application Deadline:  
Friday, April 6, 2001  
5:00 p.m. CDT

Organizations must apply every year to be eligible to receive donations  
from CFC.

Please mail application and attachments to:  
Federal Executive Board  
230 S. Dearborn, Suite 3816  
Chicago, IL 60604

All applicants will be notified by mail of the LFCC determination concerning their application. Questions may be directed to the FEB at 312-353-6790 or CFC Director at 312-906-2281. A public meeting will be held by the LFCC to announce the decision of eligibility. Call the FEB for the exact date, time and location.

1995 CFC Regulations remain in Effect

**2001 Chicago Area Combined Federal Campaign  
Local Unaffiliated or Federation Member  
Application**

Organization \_\_\_\_\_

Organization Information

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

(will be used in Donor Guide)

\_\_\_\_\_

Contact Person Information

Name

\_\_\_\_\_

Address (all correspondence will be sent to this address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Four digit CFC Number (optional)

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

**Listing in the Donor Guide** Include your organization's legal name, "Doing Business As" (DBA) name (optional), Employee Identification Number, a statement of 25 words or less describing the program of your organization and your administrative/fund-raising percentage. If you are including the DBA name, a copy of the IRS letter needs to be included in the application. (See Application Assistance for more information)

Legal Name (same as 990) \_\_\_\_\_

DBA Name (optional) \_\_\_\_\_

IRS Employee Identification Number \_\_\_\_\_

25 word statement: One word per numbered line (see note at end of application)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

11 \_\_\_\_\_ 12 \_\_\_\_\_ 13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_

16 \_\_\_\_\_ 17 \_\_\_\_\_ 18 \_\_\_\_\_ 19 \_\_\_\_\_ 20 \_\_\_\_\_

21 \_\_\_\_\_ 22 \_\_\_\_\_ 23 \_\_\_\_\_ 24 \_\_\_\_\_ 25 \_\_\_\_\_

web-site (optional) \_\_\_\_\_

Admin/Fundraising % from Question 8 \_\_\_\_\_

## Affiliation Questions

Has your organization applied to the Office of Personnel Management in Washington, DC for CFC participation at the national level as an independent agency or through a national federation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your local organization a member of a national federation?

Yes \_\_\_\_\_ Name \_\_\_\_\_

No \_\_\_\_\_

Is your local organization a member of a local federation?

Yes \_\_\_\_\_ Name \_\_\_\_\_

No \_\_\_\_\_

## Certifying Official

I, \_\_\_\_\_, am the duly appointed representative of  
(Name)

\_\_\_\_\_ authorized to certify and affirm all statements  
(Organization)

enclosed in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

NOTE: All application information must be specific to the applicant organization. Regional and/or national materials will not be accepted for local chapters.

1) Place a check in the **one** appropriate box:

☐

I certify that the organization named in the application has a substantial local presence in the geographical area covered by the local campaign. (*Substantial local presence is defined as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits. The facility must be open at least 15 hours a week and have a telephone dedicated exclusively to the organization.*)

-OR-

☐

I certify that the applicant organization named in the application has a substantial local presence in the geographical area covered by an adjacent local campaign.

-OR-

☐

I certify that the organization named in the application has a substantial statewide presence. (*Substantial statewide presence is defined as providing or conducting real services, benefits, assistance or program activities covering 30 percent of the state's geographic boundaries OR providing or conducting real services, benefits, assistance or program activities affecting 30 percent of the state's population targeted for services.*) **Include as Attachment A supporting statements and/or documentation of local, local adjacent or statewide presence.**

2) I certify that the Internal Revenue Service recognizes the organization named in this application as tax-exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170. **Include a copy of the most recent IRS determination letter as Attachment B.** (*Interim 501(c)(3) letters with expiration dates beyond 12/31 will be accepted only with documentation from the IRS showing the organization will continue its 501(c)(3) status.*) If the name of the organization is different from the name which appears on the IRS Form 990, official documentation authorizing the name change must accompany the application. *The Federal Tax ID Number must be included.*

3) Place a check in the **one** appropriate box:

☐

I certify that the expenses of the organization named in this application connected with lobbying and all attempts to influence voting or legislation at the local, State or Federal level would classify it as a tax-exempt agency under 26 U.S.C. 501(h).

- OR -

☐

I certify that the organization named in this application does not engage in lobbying nor does it attempt to influence voting or legislation at the local, State or Federal level.

4) I certify that the organization named in this application is a human health and welfare organization providing services, benefits, or assistance to, or conducting activities affecting, human health and welfare. **Include as Attachment C documentation describing the human health and welfare benefits.**

☐

5) I certify that the organization named in the application accounts for its funds in accordance with generally accepted accounting principles (GAAP).

☐

6) I certify that the organization named in the application was audited in accordance with generally accepted auditing standards (GAAS) by an independent certified public accountant in the immediately preceding year. **Include a copy of the organization's most recently completed audit as Attachment D** Compiled audits are not accepted. Consolidated audits

must contain a separate audited section on applicant. *(The audit must cover the fiscal period ending not more than 18 months prior to the January of the campaign year to which the organization is applying. The IRS Form 990 and audit must cover the same fiscal period. If revenue and expenses on the two documents differ, these amounts must be reconciled by a certified public accountant either in an accompanying signed statement or IRS Form 990, Parts IV-A & IV-B.)*

-OR-

☐ I certify that the organization named in the application has annual revenue less than \$100,000 and therefore is exempt from submitting an audit in accordance with generally accepted auditing principles by an independent certified public accountant. (Annual revenue is determined by line 12 of the IRS Form 990).

7) **Include as Attachment E a copy of the most recently completed IRS Form 990, including signature.** *(NOTE: If the Internal Revenue Service does not require your organization to file the Form 990, you **must still complete** one in accordance with IRS regulations to be eligible for the CFC. IRS Forms 990 EZ, 990PF, and comparable forms are not accepted. However, smaller organizations that file Form 990EZ may submit it with pages 1 & 2 of the Form 990 attached. The IRS Form 990 and audit must cover the same period. If the revenue and expenses on these two documents differ, the reconciliation must be included in the IRS Form 990 itself or include a letter of reconciliation submitted by the CPA who completed the audit.)*

8) Place a check in **one** appropriate box:

☐ I certify that the organization named in this application in the immediately preceding year has spent 25% or less of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is \_\_\_\_\_. This percentage must be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and dividing the resulting total by "total revenue" (line 12).

- OR -

☐ I certify that the organization named in this application in the immediately preceding year has spent in excess of 25% of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is \_\_\_\_\_ % and this percentage is reasonable under the circumstances. **Include as Attachment F a detailed justification of the organization's management, general and fundraising expenses and a formal plan to reduce expenses to 25%.**

9) ☐ I certify that an active and responsible governing body directs the organization named in this application whose members have no material conflict of interest and a majority of which serve without compensation.

10) ☐ I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.

11) ☐ I certify that the organization named in this application conducts publicity and promotional activities based upon its actual programs and operations, that these publicity and promotional activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.

12) ☐ I certify that the organization named in this application effectively uses the funds contributed by Federal personnel for its announced purposes.

- 13) ☐ I certify that the organization named in this application is chartered/incorporated under a governmental entity. This entity or State is \_\_\_\_\_.
- 14) ☐ I certify that the organization named in this application has in the preceding year received no no more than 80 percent of its total support and revenues from government sources. (Revenue from government sources must be computed from the IRS Form 990 by dividing line 1c by line 12.)
- 15) ☐ I certify that the organization named in this application prepares and makes available to the public an annual report that includes a full description of the organization's activities and supporting services and identifies its directors/governing body and chief administrative personnel. **Include as Attachment G a copy of the most recently completed annual report.** (*The annual report must cover the fiscal year ending not more than 18 months prior to January of the campaign year to which the organization is applying or the preceding calendar year.*) Attachment G should also include information about the terms of office for the applicant's governing board's officers and members and the dates, times and places of their meetings over the past year.

**Note:** 25-Word Statement for listing in the campaign brochure. **A statement of 25 words or less describing the program of the organization and the percentage of its total support and revenue that goes to administration and fund-raising.** Also, provide a telephone number that can be reached from any location in the U.S. The 25-word statement should describe real services, benefits or program activities the organization provides. The organization's ratio of total support and revenue to administration and fundraising also will appear in the 25-word statement, but does not count toward the 25-word limit. The statement provided by the organization should not repeat the organization's name, but must include the legal name as registered with the IRS if the organization does business under a different name. This will **NOT** count as part of the 25-word statement. The statement must include the IRS Employee Identification Number, which will not count as part of the 25 words. An Internet web page address where information on the organization can be obtained may be included and will not count toward the 25 words. E-Mail addresses are not accepted. Please see the local unaffiliated application instructions for a sample 25-word statement.

***I CERTIFY THAT I HAVE READ ALL THE CERTIFICATIONS SET FORTH IN THIS DOCUMENT AND THAT MY SIGNATURE BELOW SIGNIFIES THAT I ACKNOWLEDGE AND AGREE WITH SUCH CERTIFICATIONS.***

\_\_\_\_\_  
Certifying Official's Signature & Title

\_\_\_\_\_  
Date

**NOTE:**

**Applications will not be accepted if submitted electronically or by facsimile.  
The certifying official's signature must be original.  
Automatic pens and/or signature stamps may not be used.**